



**Benefit Services Division**  
P.O. Box 942711, Sacramento, CA 94229-2711  
**888 CalPERS** (or 888-225-7377)  
TDD - (916) 795-3240; FAX (916) 795-3933

## **Certification of Trust Payment of Continuing Monthly Allowance**

(FOR COMPLETION BY SUCCESSOR TRUSTEE)

**PAYMENT OF AN ALLOWANCE TO A TRUST:** The Public Employees' Retirement Law authorizes the California Public Employees' Retirement System (CalPERS) to pay a monthly allowance to a trust for the benefit of an annuitant who is the sole beneficiary of the trust during his/her lifetime. The trustee may make tax-withholding elections and change the address for annuitant payments and correspondence. CalPERS may continue to pay a monthly allowance to the successor trustee of the trust in the event of the incapacity or resignation of the annuitant. Please complete this form below and return it to **Unit 468** in the enclosed envelope.

I/We, \_\_\_\_\_ wish to notify the California Public Employees'  
NAME(S)

Retirement System (CalPERS) that as of \_\_\_\_\_, I/We became the  
DATE (MM/DD/YYYY)

successor trustee(s) of the \_\_\_\_\_ for \_\_\_\_\_  
NAME OF TRUST NAME OF ANNUITANT

\_\_\_\_\_  
SOCIAL SECURITY NUMBER OF ANNUITANT

\_\_\_\_\_  
ADDRESS FOR PAYMENT

\_\_\_\_\_  
CITY, STATE

\_\_\_\_\_  
ZIP CODE

I understand that CalPERS must be notified immediately upon the death of the annuitant, and that monies paid to this trust after the date of death must be returned to CalPERS. As trustee, I assume responsibility for repayment of any monies to which CalPERS is entitled.

As Trustee(s) of the above-named trust, I/we declare the following:

- All currently acting trustees of the trust have been identified on this Certification of Trust and have signed this declaration.
- The trust is still in effect. It has not been revoked, modified or amended in any manner that would cause the representations contained in this Certification of Trust to be incorrect.

I certify under penalty of perjury that all of the information on this form is true to the best of my knowledge.

\_\_\_\_\_  
Trustee's Signature

\_\_\_\_\_  
Date (MM/DD/YYYY)

\_\_\_\_\_  
Address

(\_\_\_\_\_)\_\_\_\_\_  
Phone

\_\_\_\_\_  
Co-Trustee's Signature (if applicable)

\_\_\_\_\_  
Date (MM/DD/YYYY)

\_\_\_\_\_  
Address

(\_\_\_\_\_)\_\_\_\_\_  
Phone

## **FOR THE TRUSTEE – CalPERS PAYMENT OF AN ALLOWANCE TO A TRUST INFORMATION AND INSTRUCTION**

1. As trustee, you have the right to make tax-withholding elections and to change the address for annuity payments and correspondence.
2. Upon the death of the annuitant, it is the responsibility of the successor trustee(s) to reimburse any monies paid to the trust to which CalPERS is rightfully entitled.
3. It is recommended that you retain a copy of this form with the trust document.

### **INFORMATION PRACTICE STATEMENT**

The Information Practices Act of 1977 and the Federal Privacy Act require the California Public Employees' Retirement System to provide the following information to individuals who are asked to supply information. The information requested is collected pursuant to the Government Code sections (20000, et seq.) and will be used for administration of the Board's duties under the Retirement Law, the Social Security Act, and the Public Employees' Medical and Hospital Care act, as the case may be. Failure to supply the information may result in the System being unable to perform its functions regarding your status. Portions of this information may be transferred to: State and public agency employers, California State Attorney General, Office of the State Controller, Teale Data Center, Franchise Tax Board, Internal Revenue Service, Worker's Compensation Appeals Board, State Compensation Insurance Fund, County District Attorneys, Social Security Administration, beneficiaries of deceased members, physicians, insurance carriers, and various vendors who prepare the microfiche/microfilm for CalPERS. Disclosure to the aforementioned entities is done in strict accordance with current statutes regarding confidentiality.

You have the right to review your membership files maintained by the System. For questions concerning your rights under the Information Practices Act of 1977, please contact the Information Coordinator, CalPERS, 400 Q Street, P.O. Box 942702, Sacramento, CA 94229-2702.